SURVEY OF EDMONTON AND SURROUNDING AREA PHYSICIANS

TO DETERMINE THE NEED FOR DAY SERVICES

1988 (JANUARY - MARCH)

Conducted by Edmonton and Rural Auxiliary Hospital &
Nursing Home District No. 24 with funding from the
Alberta Senior Citizens Secretariat.

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The purpose of the questionnaire (copy attached) was to determine the need for expansion of adult day services for elderly and disabled persons in the Edmonton area. The following areas were considered:

- which services are most needed.
- the most useful days and times for day programs to operate.
- the areas of the city where there was the highest need for day services.
- the reasons for clients not using day services.
- the need for specialized day services.

In January 1988, 1200 questionnaires were sent to Physicians in the Edmonton area. Brochures describing the services provided by the Adult Social Day Programmes, Victorian Order of Nurses Adult Day Health Care, Dickinsfield Day Hospital, and the Youville Day Hospital were included for information.

274 questionnaires were returned, with 249 completed. The 25 not completed but returned did have comments, however. While this response rate is quite low (23%), it is about what was expected, given that physicians are extremely busy people. Many of the respondents commented on their type of practice. It appears that a good cross-section was obtained.

Survey results are reported according to the percentage of physician responses in each category, unless otherwise stated. The following abbreviations are used for the purposes of this report:

MED.....Medium
DK.....Don't Know
NR.....No Response

1. **Which day services could be used by your patient:**

Socialization and Recreation:

NONE	LOW	MED	HIGH
4.9%	20.3%	46.3%	25.6%

Family Relief or Respite:

NONE	LOW	MED	HIGH
3.6%	16.6%	38.9%	37.7%

Physical Therapy and Occupational Therapy:

NONE	LOW	MED	HIGH
1.6%	21.1%	50.2%	24.7%

Nursing Assessment and Treatment:

NONE	LOW	MED	HIGH
4%	27.1%	46.2%	19.4%

Medication Monitoring:

NONE	LOW	MED	HIGH
4.5%	30%	44.5%	18.2%

Dietary Counselling:

NONE	LOW	MED	HIGH
4.5%	36.4%	42.9%	13.4%

Family Counselling:

NONE	LOW	MED	HIGH
3.6%	35.6%	41.7%	14.6%

OTHER: NUMBER OF RESPONSES

a) Geriatric/Psychiatric: 1
b) Meals on Wheels: 2
c) In-home care while family members at work and nobody else at home: 1
d) Footcare: 1
e) Teaching self reliance: 1
f) Homemaker: 2
g) Personal care: 1
h) Transportation: 1
i) Diabetic counselling: 1
j) Spiritual care: 1
k) Post-op care: 1
l) Monitoring when ill: 1

2. **How many days per week would your patients use the program?**

Responses are rank ordered (greatest to least):

(1) 3 DAYS - 36.8%
(2) 2 DAYS - 17.4%
(3) 5 DAYS - 17%
(4) 7 DAYS - 6.9%
(5) 4 DAYS - 4%
(6) 1 DAY - 3.6%
(7) 6 DAYS - .4%

3. **Is there a need for week-end programs?**

YES	NO	DEPENDS	DK	NR
49.4%	39.7%	2.4%	4.5%	4%

4. **Is there a need for evening programs?**

YES	NO	DEPENDS	DK	NR
31.6%	56.7%	2%	6.1%	3.6%

5. **What are the most useful hours for day services to operate?**

0600-1800	0900-1600	OTHER
24.7%	60.7%	7.7%

OTHER: NUMBER OF RESPONSES

a) 0600 - 1000: 1
b) 0600 - 2000: 1
c) 0730 - 1800: 1
d) 0800 - 1700: 1
e) 0800 - 1730: 1
f) 0800 - 1800: 1
g) 0800 - 1900: 1
h) 0900 - 1800: 2
i) 0900 - 2100: 1
j) 0900 - 2200: 2
k) 1000 - 1400: 1
l) 1000 - 1500: 1
m) 1000 - 1600: 1
n) 1100 - 1500: 1
o) 1700 - 1830: 1
p) 1800 - 2100: 1
q) Drop-in 24 hours : 2
r) Depends upon service: 2

6. **What is the most convenient section of Edmonton For Day Services for your patients?**

NE	NW	SE	SW	OTHER
12.1%	21.1%	12.1%	17.8%	29.2%

OTHER : NUMBER OF RESPONSES (%)

a) Central: 21 (8.4%)
b) Entire city: 14 (5.6%)
c) Inner city: 1 (.4%)
d) Westmount: 1 (.4%)
e) East: 4 (1.6%)
f) West: 8 (3.2%)
g) North: 8 (3.2%)
h) South: 6 (2.4%)
i) Leduc: 1 (.4%)
j) Sherwood Park: 3 (1.2%)
k) St. Albert: 3 (1.2%)
l) Stony Plain / Spruce Grove: 3 (1.2%)

7. **Have any of your patients utilized the services of:**

Adult Social Day Programme:

YES	NO	DK	NR
24.7%	54.7%	2.8%	17.8%

V.O.N. Adult Day Health Care Program:

YES *	NO	DK	NR
52.6%	37.2%	2.4%	7.7%

*These figures are likely confounded with use of other V.O.N. programs. This is a new program. Although 130 physicians responded YES to this question, as of 30 March 1988 there have been 80 referrals. There were 40 attending physicians for the 45 patients on the program.

Dickinsfield Day Hospital:

YES	NO	DK	NR
37.7%	47%	2%	13.4%

Youville Day Hospital:

YES	NO	DK	NR
61.5%	28.7%	2%	7.7%

8. **If the above noted services have not been used by your patients, why?**

Unaware of programs:

YES	NO	DK	NR
51.8%	9.7%	1.6%	36.8%

Not suitable for patients:

YES	NO	DK	NR
16.6%	19.4%	1.6%	62.3%

Too far for patients to travel:

YES	NO	DK	NR
25.5%	15%	1.6%	57.9%

OTHER: NUMBER OF RESPONSES

a) Not required: 2
b) Long waiting lists: 2
c) Don't meet admission criteria: 1
d) Younger practice: 11
e) Bureaucratic hassle: 1
f) Incomplete support and compliance: 1
g) Consulting practice: 2
h) Transportation problems: 2
i) Patients not able to go see what's available: 1
j) Apathy on part of caregiver: 1

9. **Do your patients have a need for specialized day services:**

Physically Handicapped Young Adults:

YES	NO	DK	NR
33.9%	43.5%	.8%	21.8%

Mentally Dysfunctioning Elderly:

YES	NO	DK	NR
57.3%	27.4%	.4%	14.9%

Brain Injured People:

YES	NO	DK	NR
31.5%	47.2%	.4%	21%

Multiple Sclerosis Patients:

YES	NO	DK	NR
31.5%	45.6%	.4%	22.6%

OTHER: NUMBER OF RESPONSES

a) Old people needing social interaction: 1
b) Rheumatoid arthritis: 1
c) Diabetic monitoring: 3
d) Frail elderly (old-old): 2
e) Respiratory disabled: 1
f) Cancer patients: 1
g) Post-op: 2
h) Terminal cancer patients: 1
i) Stroke patients: 1
j) Chronic heart disease: 2
k) AIDS: 2
l) Mentally handicapped children with behavior problems: 1

10. **In your practice, how many patients do you have who could benefit from day services?**

0-5	5-10	10-15	15+
30%	34%	15%	17.8%

Based upon projections of these responses provided by Edmonton area physicians, it is estimated that 9900 people in the Edmonton area could benefit from day services.

SUMMARY

It appears that some respondents may be unclear as to the nature of these specific day services, confusing them with other day programs such as Home Care and Meals on Wheels. While this impacts upon the interpretation of results, it is also an important indication that a program of physician education is required with regards to Day Services. Examination of the comments provided by the respondents supports this view.

Several Emergency physicians stated that they do not use day services, due to the nature of their practice. Others claimed that increased availability of day services, in particular on weekends, would aid them in the execution of their duties.

Respondents for the surrounding areas (St. Albert, Sherwood Park, Spruce Grove, Stony Plain, and Leduc) all express the need for day services in their areas. Perhaps further research could be done on the need for day services in these areas.

	NUMBER OF PATIENTS				
AREA	**0-5**	**5-10**	**10-15**	**15+**	**TOTAL**
Leduc				1	1
Sherwood Park	1	1	1		3
Spruce Grove	1		1		2
Stony Plain	1				1
St. Albert	1		1	1	3
North	3	3		2	8
South		3	1	2	6
East		1	1	2	4
West	2	2	2	2	8
Central	4	7	2	8	21
Entire City	2	1	3	8	14

It would appear that there is a perceived need for day services in the Western sector of Edmonton. This may include the areas of Stony Plain and Spruce Grove. The southern sector also requires some consideration. The very high perceived need for day services in the central sector indicates that additional services may be required in this area.

COMMENTS:
SURVEY OF EDMONTON AND SURROUNDING AREA PHYSICIANS TO DETERMINE THE NEED FOR DAY SERVICES **N = 274**

Many of the returned questionnaires included comments. These comments are listed as follows, with those from completed questionnaires first (1).

1. Respondents: **n = 249**

1.1 Day Programs should be situated all over the city so that patients can attend regularly.

1.2 Provisions of services for the elderly requires much foresight and planning to yield comprehensive and integrated services. I hope that this questionnaire is more than a start in this direction.

1.3 Day services are valuable as they allow patient independence despite having problems that would otherwise require a more "institutionalized" setting. In my own practice this will become a need in the future, when I have more elderly and dependent patients.

1.4 Mostly physio use.

1.5 General adult psychiatric practice with minor geriatric practice. Need for expanded day programs for chronic psychiatric population. Need for psychogeriatric day program at Youville.

1.6 Thank you for the mailing!

1.7 I am not in active practice at this time, but my comments are based on several years practice in the past.

1.8 We need help for the elderly, the poor, poorly educated and the mentally (?) to use the health service. Transport and physical assistance to get to and from physio. Day ward for I.V. meds. Help to just be aware of what is available.

1.9 I see a selected group of patients as I work as a neurologist. There are not enough services available in #9.

1.10 Very few geriatric patients, those I have live with family and are very independent or their family does everything for them. My disabled patients are also extremely independent, sometimes to their own detriment.

1.11 More bureaucratic B.S. with loss of forests for paper work.

1.12 Poorly designed questionnaire. Doesn't priorize the services, etc. Doesn't ask NB. questions. Refer to CMA Task Force Report - Health Care for the Elderly.

1.13 Day programs in existing institution, eg. nursing homes, wants priority respite and personal care for many (especially Alzheimer's) patients.

1.14 I may have 3-5 patients that could benefit.

1.15 The questionnaire is difficult as I have a wide range of types of patients. Some need lots of services and others none. Most of my patients require little in the way of care as they are still self-capable of getting care.

1.16 My patients are all very poor and are not able to pay for transportation, no matter how small the fee.

1.17 Advertise your programs to the public! This would increase pressure on me and other professionals to use it. I tend to need this kind of service to help the family cope but have used other counselling angles. I will try to keep your opinion in mind! Evenings would certainly help the working family.

1.18 I am an Emergency physician at the ...Hospital (full time). However, I do see a fair number of geriatric cases. My answers reflect the type of geriatric populations I see in our Emergency, and my limited knowledge of their back ground and needs. However, I do hope my comments will be helpful.

1.19 I am an Emergency physician. Patients often seen in the department require homecare nursing or relief of family from nursing care. Thank you for the questionnaire. As our elderly population increases, day program needs increase and are much less costly for the taxpayer than admission to an acute care bed.

1.20 Keep up the good work!

1.21 Specialist in hospital practice and main areas of help needed are in long term care and medication supervision.

1.22 I am quite impressed with the Dickinsfield program, with which I am most familiar.

1.23 I am not clear as to what is meant by some of your categories in paragraph one.

1.24 We need such services very badly.

1.25 As a surgeon I've found VON a very useful service.

1.26 I hope more elderly adults can be made aware of programs offered.

1.27 I think more physician education about available programs is required.

1.28 Most of my patients need home care to monitor blood pressure or diabetes. Sometimes they need help with their home chores and only occasionally do they require dressings to be done at home.

1.29 The advantage of evening and weekend services are considered for families taking care of disabled/handicapped. This would give them some of the best hours for social purposes.

1.30 I am a full time Emergency physician, therefore the above answers are based on a cross-section of patients visiting emergency. I am unable to answer (questions) 7-10 because of the nature of emergency medicine.

1.31 My practice is psychotherapy now but my answers relate to 10 years of GP work in Edmonton and the acute needs I felt then for the type of services you propose. Also my recent experience of my Father dying and requiring extended care, and taking care of him for the most part at home. In retrospect, the greatest gift we could give him (and ourselves for that matter) was being able to die at home in the presence of his family with dignity and support.

1.32 My speciality, and I suspect the specialities of many others, does not give us the opportunity to assess these aspects of patients needs. Rather than weigh the statistics inaccurately, I prefer not to answer a number of these questions.

1.33 With increasing numbers of HIV infected individuals, high costs of hospitals, and desire of patients to stay out of hospitals as long as possible, we will need to expand OP programs as well as home care programs to accommodate to these changes.

1.34 I fully agree with implementing more day programs for young and old, in an attempt to get more people home and out of hospital and care settings.

1.35 My patients on the whole are disabled with chronic mental illness and so are probably not the sort of patients you are dealing with (eg. they are all well under age 65).

1.36 I have a very young practice, mostly moms and babies. If and when I develop a geriatric practice, day hospital services would be excellent and used.

1.37 Heart diseases have become one of the greatest threats to life in Canada. The CCU and Cardiac Patient Wards are all the time so busy. In addition to other kinds of Frail Elderly and Disabled Adults, Cardiac patients in Edmonton are increasingly in need of Day Program care, especially in the near future.

1.38 My psychiatric practice does not include those in need of these services.

1.39 Excellent proposal.

1.40 Caregiver burnout is the biggest problem, they cope then give up because of 24 hour need. The second biggest problem is non-cooperative patients refusing care for often bizarre or sometimes psychotic reasons.

2. Non-response Forms: n = 25

Those questionnaires which were returned without having completed the questions included additional comments. These do not appear to be non-respondents per se, but rather self-considered to be not appropriate to the sample due to the type of practice. There may also have been some second guessing as to the purposes of the survey. Many of the comments are useful however and are included here:

2.1 I currently have no patients that would benefit from these programs. Previous patients found even the nominal costs of transportation and food excessive. I was also unaware of most of these programs and appreciate the information.

2.2 I feel very strongly that this questionnaire is for the primary physician and the consultants should not get involved in these programs.

2.3 I have no patients of own, I work in Emergency full time and refer all my social problems to the social worker, who will get all this material.

2.4 Thank you for the info. I have not completed the questionnaire. I am an (?) specialist. My patients do not use your services. I am, however, quite impressed by what's available.

2.5 My practice at the ...Hospital is hospital-based and I seldom have patients on continuing care. I use day care on discharge as often as I can, but often difficult to get them in. Day care is not all that readily available. It would be wonderful if it was.

2.6 My practice is Aviation and Occupational Health. Occasionally clients do ask (?) on behalf of elderly relatives about facilities.

2.7 Although I do not see elderly patients in my practice, I feel that day services are an excellent idea and support them fully.

2.8 Only working part time with Medicentres and have no useful comments to make.

2.9 Since my practice is mainly hospital based critical care, I do not often have need of day services.

2.10 Questionnaire doesn't apply to my practice. I'm a full time Emergency physician and see most patients only once.

EDMONTON AND RURAL AUXILIARY HOSPITAL AND NURSING HOME DISTRICT NO. 24

QUESTIONNAIRE FOR EDMONTON PHYSICIANS

The purpose of this questionnaire is to determine the nature of patient needs for day services in order to avoid or delay institutionalization. Day services may range from social programs to the wide range of services provided by Day Hospitals.

PLEASE CIRCLE THE ANSWER THAT MOST CORRECTLY DESCRIBES YOUR RESPONSE

1. Which day services could be used by your patients? Please indicate the degree of importance of each service:

Socialization and Recreation	NONE	LOW	MED	HIGH
Family Relief or Respite	NONE	LOW	MED	HIGH
Physical Therapy and Occupational Therapy	NONE	LOW	MED	HIGH
Nursing Assessment and Treatment	NONE	LOW	MED	HIGH
Medication Monitoring	NONE	LOW	MED	HIGH
Dietary Counselling	NONE	LOW	MED	HIGH
Family Counselling	NONE	LOW	MED	HIGH

Other Services (please specify) _____

2. How many days per week would your patients use the program? 1 2 3 4 5 6 7

3. Is there a need for week-end programs? YES NO

4. Is there a need for evening programs? YES NO

5. What are the most useful hours for Day Services to operate? 0600-1800 0900-1600 OTHER_____ (please indicate which hours are preferred)

6. What is the most convenient section of Edmonton for day services for your patients? NORTH EAST NORTH WEST SOUTH EAST SOUTH WEST (please state if other location is preferred)_____

7. Have any of your patients utilized the services of the:

Adult Social Day Programme	YES	NO
V.O.N. Adult Day Health Care Program	YES	NO
Dickinsfield Day Hospital	YES	NO
Youville Day Hospital	YES	NO

8. If the above noted services have not been used by your patients, why?

Unaware of Programs	YES	NO
Not suitable for Patients	YES	NO
Too far for Patients to Travel	YES	NO

Other (please state reason) _____

9. Do your patients have a need for specialized day services:

Physically Handicapped Young Adults	YES	NO
Mentally Dysfunctioning Elderly	YES	NO
Brain Injured People	YES	NO
Multiple Sclerosis Patients	YES	NO

Other (please state) _____

10. In your practice, how many patients do you have who could benefit from day services? 0-5 5-10 10-15 over 15

11. Additional Comments: _____